

Non-Institutional Edit Requirements

Chapter

6

Element Name: Patient Copayment (2-145) (Continued)

		V	ACTIVE DUTY DEPENDENT SERVICES PROVIDED IN OCHAMPUSEUR
	NO OCCURRENCE OF SPECIAL PROCESSING CODE	9	FORT DRUM
		A	INTERNAL PARTNERSHIP
		N	CHAMPUS SELECT
		R	MEDICARE/CHAMPUS DUAL ENTITLEMENT
		S	RESOURCE SHARING
		#	HOSPICE
		MH	MENTAL HEALTH
2-145-17R	IF FIRST POSITION OF TYPE OF SERVICE ¹	C	AF CAM PRIMARY/PREVENTIVE CARE
	<u>AND</u>	I	BERGSTROM AFB CATCHMENT AREA
	SPECIAL PROCESSING CODE	J	LUKE/WILLIAMS AFB CATCHMENT AREA
	THEN PATIENT-COPAYMENT MUST = ZERO.		
	• EDIT FOR CHAMPUS SELECT.		
2-145-18R	PATIENT COPAYMENT MUST = ZERO <u>WHEN</u>		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE	N	CHAMPUS SELECT.
	UNLESS ENROLLMENT STATUS = 'H'		
2-145-19R	PATIENT COPAYMENT MUST = ZERO <u>WHEN</u>		
	SPONSOR STATUS = ANY VALUE LISTED UNDER ACTIVE DUTY		
	ANY OCCURRENCE OF SPECIAL PROCESSING CODE =	AD	ACTIVE DUTY

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL
DETAIL OCCURRENCES. COST-SHARE EDITING CANNOT BE DONE IF THAT EDIT FAILS!

Non-Institutional Edit Requirements**Element Name: Amount Applied Toward Deductible (2-150)****Validity Edits****2-150-01** MUST BE NUMERIC.**Relational Edits**

Related to Element	Edited Element Relationship	Also Relates to Element(s)
TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS. SPONSOR STATUS. TYPE OF SUBMISSION. FILING DATE
TYPE OF SERVICE	SEE BELOW	ENROLLMENT STATUS. TYPE OF SUBMISSION. FILING DATE
PROGRAM INDICATOR	SEE BELOW	ENROLLMENT STATUS. TYPE OF SUBMISSION. FILING DATE
TYPE OF SUBMISSION	SEE BELOW	AMOUNT ALLOWED. FILING DATE
SPECIAL PROCESSING CODE	SEE BELOW	TYPE OF SUBMISSION. FILING DATE
OVERRIDE CODE	SEE BELOW	

Edited Element Relationship

- 2-150-02R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN
TYPE OF SUBMISSION D COMPLETE FI/CONTRACTOR DENIAL
- 2-150-03R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN
TYPE OF SUBMISSION C COMPLETE CANCELLATION
WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
DATABASE.
- UNLESS
THE CANCELLED HCSR REPORTS AMOUNT ALLOWED > ZERO, IN WHICH
CASE AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≥ ZERO.
- 2-150-05R** AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN
ENROLLMENT STATUS F FI STANDARD CHAMPUS.
D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD CHAMPUS PROGRAM
J MANAGED CARE SUPPORT - HOMESTEAD
STANDARD CHAMPUS PROGRAM
M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD CHAMPUS PROGRAM
Q NEW ORLEANS STANDARD CHAMPUS
S CRI STANDARD CHAMPUS
T MANAGED CARE SUPPORT - STANDARD CHAMPUS
PROGRAM
- TYPE OF SERVICE¹ FOR ANY
DETAIL OCCURRENCE I INPATIENT (FIRST BYTE)
K EMERGENCY ROOM ADMISSION

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL
DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

Non-Institutional Edit Requirements

Chapter

6

Element Name: Amount Applied Toward Deductible (2-150) (Continued)

	M	MATERNITY OUTPATIENT COST-SHARE AS INPATIENT (FIRST BYTE)
	P	PARTIAL PSYCHIATRIC HOSPITALIZATION CARE COST SHARED AS INPATIENT
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-06R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

ENROLLMENT STATUS	F	FI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
PROGRAM INDICATOR	H	PFPWD
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

Non-Institutional Edit Requirements

Element Name: Amount Applied Toward Deductible (2-150) (Continued)

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)

ELSE

TYPE OF SUBMISSION

B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE \leq ZERO.

1-150-07R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO WHEN

ANY OCCURRENCE OF SPECIAL PROCESSING CODE

A PARTNERSHIP PROGRAM (INTERNAL PROVIDERS WITH SIGNED AGREEMENTS)

S RESOURCE SHARING

TYPE OF SUBMISSION

I INITIAL SUBMISSION

R RESUBMISSION OF ERROR REJECT

O ZERO PAYMENT

F ADJUSTMENT NEW SUFFIX

D COMPLETE DENIAL

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION

B ADJUSTMENT NON-HCSR DATA

E CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION

A ADJUSTMENT

C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE)

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE \leq ZERO.

2-150-08R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN

ENROLLMENT STATUS

F FI STANDARD CHAMPUS

D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM

J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM

M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM

Q NEW ORLEANS STANDARD CHAMPUS

S CRI STANDARD CHAMPUS

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

Non-Institutional Edit Requirements

Chapter

6

Element Name: Amount Applied Toward Deductible (2-150) (Continued)

	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
SPONSOR STATUS	A	ACTIVE DUTY
	P	TAMP DESIGNEE
	B	RECALLED ACTIVE DUTY
	E	MEPCOM ENLISTEE
	J	ACADEMY/OCS
	N	NATIONAL GUARD
	Q	PRISON/APPELLATE
	V	RESERVE
	T	FOREIGN MILITARY
TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE	A	AMBULATORY SURGERY (FIRST BYTE)
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ≤ ZERO.

2-150-09R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO WHEN

ENROLLMENT STATUS	F	FI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
ANY OCCURRENCE OF SPECIAL PROCESSING CODE	F	ARMY CAM DEMONSTRATIONS
	G	
TYPE OF SERVICE ¹ FOR ANY DETAIL OCCURRENCE	O	OUTPATIENT (FIRST BYTE)
TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

Non-Institutional Edit Requirements**Element Name: Amount Applied Toward Deductible (2-150) (Continued)**

O ZERO PAYMENT
 F ADJUSTMENT NEW SUFFIX
 D COMPLETE DENIAL

OR

TYPE OF SUBMISSION

A ADJUSTMENT
 C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
 DATABASE

ELSE

(TYPE OF SUBMISSION

B ADJUSTMENT NON-HCSR DATA
 E CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION

A ADJUSTMENT
 C COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE
 DATABASE

THEN AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE \leq ZERO.

2-150-10R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST BE ZERO **WHEN**

ANY OCCURRENCE OF OVERRIDE

CODE

U BENEFICIARY INDEMNIFICATION PAYMENT

2-150-11R AMOUNT APPLIED TOWARD DEDUCTIBLE MUST = ZERO **WHEN**

SPECIAL PROCESSING CODE

I BERGSTROM AFB CATCHMENT AREA
 J LUKE/WILLIAMS AFB CATCHMENT AREA
 AD ACTIVE DUTY

¹ SEE TYPE OF SERVICE EDIT 2-325-02R FIRST POSITION OF TYPE OF SERVICE MUST BE CONSISTENT FOR ALL
 DETAIL OCCURRENCES. AMOUNT APPLIED TOWARD DEDUCTIBLE CANNOT BE EDITED HERE IF THAT EDIT FAILS.

Non-Institutional Edit Requirements

Chapter

6

Element Name: Amount Paid by Government FI/Contractor (2-155)

Validity Edits

2-155-01 MUST BE NUMERIC.

Relational Edits

Related to Element	Edited Element Relationship	Also Relates to Element(s)
AMOUNT ALLOWED	SEE BELOW	TYPE OF SUBMISSION, FILING DATE
SPECIAL RATE CODE	SEE BELOW	TYPE OF SUBMISSION, PROGRAM INDICATOR, ENROLLMENT STATUS, AMOUNT PAID BY OHI, AMOUNT OF TPL, FILING DATE
AMOUNT OF PAYMENT REDUCTION	SEE BELOW	REASON FOR PAYMENT REDUCTION, NUMBER OF PAYMENT REDUCTION DAYS/ SERVICES
TYPE OF SUBMISSION	SEE BELOW	FILING DATE
TYPE OF SUBMISSION	SEE BELOW	REASON FOR ADJUSTMENT, FILING DATE
ENROLLMENT STATUS	SEE BELOW	PROGRAM INDICATOR, AMOUNT PAID BY OHI, AMOUNT OF TPL, TYPE OF SUBMISSION
AMOUNT ALLOWED BY OTHER HEALTH INSURANCE	SEE BELOW	

Edited Element Relationship

2-155-02R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL ZERO WHEN

TYPE OF SUBMISSION IS D COMPLETE FI/CONTRACTOR DENIAL
 O ZERO PAYMENT
 C COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

2-155-03R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR AFTER CONSIDERATION OF NET OHI PAYMENT MUST BE ≤ AMOUNT ALLOWED WHEN

TYPE OF SUBMISSION I INITIAL SUBMISSION
 R RESUBMISSION OF ERROR REJECT
 O ZERO PAYMENT
 F ADJUSTMENT NEW SUFFIX

OR

TYPE OF SUBMISSION A ADJUSTMENT
 C CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

NOTE

THE FOLLOWING EDIT (2-155-04R) APPLIES TO THE INPUT HCSR. PRIOR TO NETTING WITH PREVIOUS As OR Bs (IF ANY) ON THE DATABASE.

2-155-04R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE < ZERO WHEN

TYPE OF SUBMISSION	E	CANCELLATION OF NON-HCSR DATA
	B	ADJUSTMENT TO NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

AND

REASON FOR ADJUSTMENT	D	NEGATIVE ADJUSTMENTS
	E	
	F	

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE ≥ ZERO WHEN

TYPE OF SUBMISSION	B	ADJUSTMENT TO NON-HCSR DATA
--------------------	---	-----------------------------

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
--------------------	---	------------

WITH FILING DATE OLDER THAN NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE

AND

REASON FOR ADJUSTMENT	A	POSITIVE/STATISTICAL ADJUSTMENTS
	B	
	C	

THE FOLLOWING EDITS (2-155-05R, 2-155-06R, 2-155-07R, 2-155-08R, AND 2-155-09R) APPLY WHEN

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

TYPE OF SUBMISSION	A	ADJUSTMENT
--------------------	---	------------

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

2-155-05R EDIT FOR [NO SPECIAL RATE, OR STATE-DRG NO DISCOUNT], NO OHI/TPL.

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

ENROLLMENT STATUS	F	FI STANDARD CHAMPUS
	D	MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS

IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements

Chapter

6

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

	S	CRI STANDARD CHAMPUS
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
PROGRAM INDICATOR	N	NON-INSTITUTIONAL
	I	INSTITUTIONAL
	T	DENTAL
	D	DRUG
SPECIAL RATE CODE	Ø	NO SPECIAL RATE
	F	DRG NO DISCOUNT

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO:

AMOUNT OF THIRD PARTY LIABILITY = ZERO.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE LESS THAN OR EQUAL TO AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

ENROLLMENT STATUS	F	FI STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
PROGRAM INDICATOR	N	NON-INSTITUTIONAL
	I	INSTITUTIONAL
	T	DENTAL
	D	DRUG
SPECIAL RATE CODE	Ø	NO SPECIAL RATE
	F	DRG NO DISCOUNT

SPECIAL PROCESSING CODE 1 MEDICAID

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO:

AMOUNT OF THIRD PARTY LIABILITY = ZERO.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

2-155-06R EDIT FOR NO SPECIAL RATE, WITH OHI/TPL

IF (AMOUNT PAID BY OTHER HEALTH INSURANCE NOT = '0', OR AMOUNT OF THIRD PARTY LIABILITY NOT = '0') AND PROVIDER PARTICIPATION INDICATOR = 'N', EXIT.

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF

AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)

OR

IF FILING DATE < 1993001 AND AMOUNT ALLOWED OHI = 0

AMOUNT BILLED MINUS (TOTAL CHARGES BY DENIED PROCEDURE CODES PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF FILING DATE ≥ 1993001 AND AMOUNT ALLOWED OHI = 0

AMOUNT BILLED MINUS (TOTAL CHARGES BY A VALID DENIAL REASON CODE PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements**Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)**

OR IF FILING DATE < 1993001 AND AMOUNT ALLOWED OHI ≠ 0
 AMOUNT ALLOWED OHI MINUS (TOTAL CHARGES BY DENIED PROCEDURE CODES
 PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY
 LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

OR IF FILING DATE ≥ 1993001 AND AMOUNT ALLOWED OHI ≠ 0
 AMOUNT ALLOWED OHI MINUS (TOTAL CHARGES BY A VALID DENIAL REASON CODE
 PLUS AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS AMOUNT OF THIRD PARTY
 LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION)

WHEN:

SUBMISSION CODE	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	D	COMPLETE FI/CONTRACTOR DENIAL
	F	ADJUSTMENT NEW SUFFIX

OR

A	ADJUSTMENT
C	CANCELLATION WITH AMOUNT ALLOWED > ZERO

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
 DATABASE.

NO OCCURRENCE OF SPECIAL PROCESSING CODE	A	PARTNERSHIP PROGRAM (INTERNAL)
	R	MEDICAL CHAMPUS DUAL ENTITLEMENT
	M	HCP AND PPP
	S	RESOURCE SHARING

ENROLLMENT STATUS	S	CRI STANDARD CHAMPUS PROGRAM
	J	MCS-HOMESTEAD STANDARD CHAMPUS
	Q	NEW ORLEANS STANDARD CHAMPUS
	D	TRICARE STANDARD CHAMPUS
	F	FI STANDARD CHAMPUS PROGRAM
	M	MCS-CA/HI STANDARD CHAMPUS
	T	MCS-STANDARD CHAMPUS
PROGRAM INDICATOR	N	NON-INSTITUTIONAL (EXCL D, H, T)
	I	INSTITUTIONAL (EXCL D, H, T)
	T	DENTAL (EXCL D, H)
	D	DRUG
SPECIAL RATE CODE	Ø	NO SPECIAL RATE

AMOUNT PAID BY OHI ≠ ZERO

AMOUNT OF TPL ≠ ZERO

NO OCCURRENCE OF OVERRIDE CODE	O	GOVERNMENT PAYMENT REDUCTION APPLIED
-----------------------------------	---	--------------------------------------

UNLESS:

PROVIDER PARTICIPATION INDICATOR EQUALS 'N'

AND

AMOUNT PAID BY OHI > ZERO

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

OR

AMOUNT OF TPL > ZERO

2-155-07R EDIT FOR STATE-DRG NO DISCOUNT, WITH OHI/TPL.

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF
AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS
AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) OR
AMOUNT ALLOWED MINUS (AMOUNT PAID BY OHI PLUS AMOUNT OF TPL PLUS AMOUNT OF
PAYMENT REDUCTION)

WHEN

AMOUNT PAID BY OHI ≠ ZERO **OR** AMOUNT OF TPL ≠ ZERO

ENROLLMENT STATUS

F FI STANDARD CHAMPUS
D MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD CHAMPUS PROGRAM
J MANAGED CARE SUPPORT - HOMESTEAD
STANDARD CHAMPUS PROGRAM
M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII
STANDARD CHAMPUS PROGRAM
Q NEW ORLEANS STANDARD CHAMPUS
S CRI STANDARD CHAMPUS
T MANAGED CARE SUPPORT - STANDARD CHAMPUS
PROGRAM
Y CONTINUED HEALTH CARE BENEFIT PROGRAM
STANDARD

PROGRAM INDICATOR

I INSTITUTIONAL
N NON-INSTITUTIONAL
D DRUG
T DENTAL

SPECIAL RATE CODE

F DRG NO DISCOUNT

NO OCCURRENCE SPECIAL
PROCESSING CODE

R MEDICARE/CHAMPUS DUAL ENTITLEMENT

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

2-155-08R EDIT FOR STATE-DRG WITH DISCOUNTS, NO OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL
NON-DISCOUNTABLE HOSPITAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE FOR
PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595), AND
PROFESSIONAL COMPONENTS (90594)) PLUS

THE AFTER DISCOUNT RATE

A 96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT
B 97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT
C 98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT
E 99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT

TIMES (AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE
PLUS THE AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT
REDUCTION PLUS THE NON-DISCOUNTABLE PROFESSIONAL SERVICES)) **WHEN**

ENROLLMENT STATUS

F FI STANDARD CHAMPUS

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

- D MANAGED CARE SUPPORT - TRICARE-TIDEWATER STANDARD CHAMPUS PROGRAM
- J MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
- M MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
- T MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
- Q NEW ORLEANS STANDARD CHAMPUS
- S CRI STANDARD CHAMPUS
- Y CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO:

AMOUNT OF THIRD PARTY LIABILITY = ZERO:

- | | | |
|-------------------|---|-------------------|
| PROGRAM INDICATOR | I | INSTITUTIONAL |
| | N | NON-INSTITUTIONAL |
| | D | DRUG |
| | T | DENTAL |
| SPECIAL RATE CODE | A | DRG 4% DISCOUNT |
| | B | DRG 3% DISCOUNT |
| | C | DRG 2% DISCOUNT |
| | E | DRG 1% DISCOUNT |

2-155-09R EDIT FOR STATE-DRG WITH DISCOUNTS, WITH OHI/TPL. (ALLOW 1¢ ROUNDING ERROR IN THIS EDIT.)

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF
NON-DISCOUNTABLE PROFESSIONAL SERVICES (TOTAL CHARGES BY PROCEDURE CODE
FOR PROCEDURE CODES FOR WHOLE BLOOD (90593), PROFESSIONAL SERVICES (90595)
AND PROFESSIONAL COMPONENTS (90594)). PLUS

- | | | |
|-------------------------|---|-------------------------------------------|
| THE AFTER DISCOUNT RATE | A | 96% FOR SPECIAL RATE CODE DRG 4% DISCOUNT |
| | B | 97% FOR SPECIAL RATE CODE DRG 3% DISCOUNT |
| | C | 98% FOR SPECIAL RATE CODE DRG 2% DISCOUNT |
| | E | 99% FOR SPECIAL RATE CODE DRG 1% DISCOUNT |

TIMES (AMOUNT ALLOWED MINUS (AMOUNT PAID BY OTHER HEALTH INSURANCE PLUS
AMOUNT OF THIRD PARTY LIABILITY PLUS AMOUNT OF PAYMENT REDUCTION PLUS THE
NON-DISCOUNTABLE PROFESSIONAL SERVICES))

- | | | |
|------------------------------------------|---|-----------------------------------|
| NO OCCURRENCE SPECIAL
PROCESSING CODE | R | MEDICARE/CHAMPUS DUAL ENTITLEMENT |
|------------------------------------------|---|-----------------------------------|

OR

NON-DISCOUNTABLE PROFESSIONAL SERVICES PLUS THE AFTER DISCOUNT RATE TIMES
(AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS
AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION PLUS
NON-DISCOUNTABLE PROFESSIONAL SERVICES)) **WHEN**

(AMOUNT PAID BY OHI ≠ ZERO **OR** AMOUNT OF TPL ≠ ZERO):

- | | | |
|-------------------|---|----------------------------------------------------------------------|
| ENROLLMENT STATUS | F | FI STANDARD CHAMPUS |
| | D | MANAGED CARE SUPPORT - TRICARE-TIDEWATER
STANDARD CHAMPUS PROGRAM |

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE \$0.00.

Non-Institutional Edit Requirements

Chapter

6

Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)

	J	MANAGED CARE SUPPORT - HOMESTEAD STANDARD CHAMPUS PROGRAM
	M	MANAGED CARE SUPPORT - CALIFORNIA/HAWAII STANDARD CHAMPUS PROGRAM
	Q	NEW ORLEANS STANDARD CHAMPUS
	S	CRI STANDARD CHAMPUS
	Y	CONTINUED HEALTH CARE BENEFIT PROGRAM STANDARD
	T	MANAGED CARE SUPPORT - STANDARD CHAMPUS PROGRAM
PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
SPECIAL RATE CODE	A	DRG 4% DISCOUNT
	B	DRG 3% DISCOUNT
	C	DRG 2% DISCOUNT
	E	DRG 1% DISCOUNT
NO OCCURRENCE SPECIAL PROCESSING CODE	R	MEDICARE/CHAMPUS DUAL ENTITLEMENT

NOTE

SPECIAL RATE CODES 'P' AND 'D' WILL NOT BE EDITED.

2-155-11R IF ALL DETAIL OCCURRENCES ARE DENIED
AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE = ZERO WHEN

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX
	D	COMPLETE DENIAL

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
DATABASE

ELSE

TYPE OF SUBMISSION	B	ADJUSTMENT NON-HCSR DATA
	E	CANCELLATION NON-HCSR DATA

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	COMPLETE CANCELLATION

WITH FILING DATE OLDER THAN THE NUMBER OF MONTHS OF HCSRs STORED ON THE
DATABASE THEN AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST BE ≤ ZERO.

UNLESS DENIAL REASON CODE = N (MULTIPLE DENIAL REASONS)

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST =
\$0.00.

Non-Institutional Edit Requirements**Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)**

2-155-12R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN

PROGRAM INDICATOR	I	INSTITUTIONAL
	N	NON-INSTITUTIONAL
	D	DRUG
	T	DENTAL
ENROLLMENT STATUS	A	FOUNDATION HEALTH PLAN
	B	PARTNERS HEALTH PLAN
	C	QUEENS HEALTH CARE PLAN
	N	CRI NON-PRIME (e.g. EXTRA)
	O	NEW ORLEANS PRIME
	R	TRICARE EXTRA - NORTH CAROLINA
	U	MANAGED CARE SUPPORT - PRIME
	V	MANAGED CARE SUPPORT - EXTRA
	Z	MANAGED CARE SUPPORT PRIME. MTF/PCM
	P	NEW ORLEANS NOT ENROLLED. NOT STANDARD CHAMPUS

AMOUNT PAID BY OTHER HEALTH INSURANCE = ZERO:

AMOUNT OF THIRD PARTY LIABILITY = ZERO:

TYPE OF SUBMISSION	I	INITIAL SUBMISSION
	R	RESUBMISSION OF ERROR REJECT
	O	ZERO PAYMENT
	F	ADJUSTMENT NEW SUFFIX

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

OR

TYPE OF SUBMISSION	A	ADJUSTMENT
	C	CANCELLATION

WITH FILING DATE WITHIN THE NUMBER OF MONTHS OF HCSRs STORED ON THE DATABASE.

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

2-155-13R IF (AMOUNT PAID BY OTHER HEALTH INSURANCE NOT = y OR AMOUNT OF THIRD PARTY LIABILITY NOT = 0) AND PROVIDER PARTICIPATION INDICATOR = 'N', EXIT.

AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL THE LESSER¹ OF
AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS
AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION)

OR, IF FILING DATE < 93001

AMOUNT BILLED MINUS TOTAL CHARGES BY PROCEDURE CODE PLUS AMOUNT OF PAYMENT REDUCTION	I	DENIAL REASON CODE DUPLICATE CLAIM
-----------------------------------------------------------------------------------------------	---	------------------------------------

	L	OTHER INSURANCE PROCESSING INFORMATION NOT PROVIDED
--	---	--------------------------------------------------------

MINUS (AMOUNT PAID BY OTHER INSURANCE PLUS AMOUNT OF THIRD PARTY LIABILITY)

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.

Non-Institutional Edit Requirements**Element Name: Amount Paid by Government FI/Contractor (2-155) (Continued)**

	P	NEW ORLEANS NOT ENROLLED. NOT STANDARD CHAMPUS
	R	TRICARE EXTRA - NORTH CAROLINA
	U	MANAGED CARE SUPPORT - PRIME
	V	MANAGED CARE SUPPORT - EXTRA
	Z	MANAGED CARE SUPPORT PRIME, MTF/PCM
PROGRAM INDICATOR	N	NON-INSTITUTIONAL
	I	INSTITUTIONAL
	T	DENTAL
	D	DRUGS

(AMOUNT PAID BY OHI ≠ ZERO OR AMOUNT OF TPL ≠ ZERO).

NO OCCURRENCE OF OVERRIDE CODE = 'O' (GOVERNMENT PAYMENT PENALTIES APPLIED)

NO OCCURRENCE SPECIAL PROCESSING CODE R MEDICARE/CHAMPUS DUAL ENTITLEMENT

• EDITS FOR SPECIAL PROCESSING CODE "".

2-155-14R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE PLUS AMOUNT OF PAYMENT REDUCTION) WHEN:

ANY OCCURRENCE OF SPECIAL PROCESSING CODE * VA MEDICAL CENTER CLAIM

PROGRAM INDICATOR D DRUG

NO OCCURRENCE OF OVERRIDE CODE = K CATASTROPHIC LOSS PROTECTION

2-155-18R AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST EQUAL AMOUNT ALLOWED MINUS (PATIENT COPAYMENT PLUS PATIENT COINSURANCE PLUS OTHER HEALTH INSURANCE PLUS THIRD PARTY LIABILITY PLUS AMOUNT APPLIED TOWARD DEDUCTIBLE) WHEN:

ENROLLMENT STATUS U MANAGED CARE SUPPORT PRIME

SPECIAL PROCESSING CODE PO TRICARE PRIME - POINT OF SERVICE

¹ IF THE 'LESSER' COMPUTED AMOUNT IS NEGATIVE, AMOUNT PAID BY GOVERNMENT FI/CONTRACTOR MUST = \$0.00.